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22763 U.S. PTO

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. PP-00305.119 / 002441.00076

First Inventor Mariagrazia Pizza

Title IMMUNOLOGICALLY ACTIVE PEPTIDES WITH ALTERED TOXICITY USEFUL FOR THE PREPARATION OF ANTIPERTUSSIS VACCINE

Express Mail Label No.

APPLICATION ELEMENTS		ADDRESS TO:	
See MPEP chapter 600 concerning utility patent application contents.		Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 38] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets ____] <input type="checkbox"/> Formal <input type="checkbox"/> Informal</p> <p>5. Oath or Declaration [Total Sheets 2]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>	<p>ACCOMPANYING APPLICATIONS PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <u>Yellow Serial No. Card</u> <u>Submission of Substitute Specification</u> <u>with Cleaned & Marked-up Version attached</u></p>	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: 08 / 261,668

Prior application information: Examiner M. Mosher

Art Unit: 1648

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number:		27476		or <input type="checkbox"/> Correspondence address below	
Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			

Name (Print/Type) Lisa M. Hemmendinger Registration No. (Attorney/Agent) 42,653

Signature Lisa M. Hemmendinger Date January 29, 2004

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1564

Complete if Known

Application Number	TBA
Filing Date	Even Date Herewith
First Named Inventor	Mariagrazia Pizza
Examiner Name	TBA
Art Unit	TBA
Attorney Docket No.	PP-00305.119/002441.00076

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																															
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1051</td> <td>130</td> <td>2051 65</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1052</td> <td>50</td> <td>2052 25</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1053</td> <td>130</td> <td>1053 130</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1812</td> <td>2,520</td> <td>1812 2,520</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1804</td> <td>920*</td> <td>1804 920*</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1805</td> <td>1,840*</td> <td>1805 1,840*</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1251</td> <td>110</td> <td>2251 55</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1252</td> <td>420</td> <td>2252 210</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1253</td> <td>950</td> <td>2253 475</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1254</td> <td>1,480</td> <td>2254 740</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1255</td> <td>2,010</td> <td>2255 1,005</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1401</td> <td>330</td> <td>2401 165</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1402</td> <td>330</td> <td>2402 165</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1403</td> <td>290</td> <td>2403 145</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1451</td> <td>1,510</td> <td>1451 1,510</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1452</td> <td>110</td> <td>2452 55</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1453</td> <td>1,330</td> <td>2453 665</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1501</td> <td>1,330</td> <td>2501 665</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1502</td> <td>480</td> <td>2502 240</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1503</td> <td>640</td> <td>2503 320</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1460</td> <td>130</td> <td>1460 130</td> <td>130</td> </tr> <tr> <td></td> <td></td> <td>1807</td> <td>50</td> <td>1807 50</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1806</td> <td>180</td> <td>1806 180</td> <td></td> </tr> <tr> <td></td> <td></td> <td>8021</td> <td>40</td> <td>8021 40</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1809</td> <td>770</td> <td>2809 385</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1810</td> <td>770</td> <td>2810 385</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1801</td> <td>770</td> <td>2801 385</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1802</td> <td>900</td> <td>1802 900</td> <td></td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid			1051	130	2051 65				1052	50	2052 25				1053	130	1053 130				1812	2,520	1812 2,520				1804	920*	1804 920*				1805	1,840*	1805 1,840*				1251	110	2251 55				1252	420	2252 210				1253	950	2253 475				1254	1,480	2254 740				1255	2,010	2255 1,005				1401	330	2401 165				1402	330	2402 165				1403	290	2403 145				1451	1,510	1451 1,510				1452	110	2452 55				1453	1,330	2453 665				1501	1,330	2501 665				1502	480	2502 240				1503	640	2503 320				1460	130	1460 130	130			1807	50	1807 50				1806	180	1806 180				8021	40	8021 40				1809	770	2809 385				1810	770	2810 385				1801	770	2801 385				1802	900	1802 900	
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*Reduced by Basic Filing Fee Paid
SUBTOTAL (3) (\$) 130

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Lisa M. Hemmendinger	Registration No. (Attorney/Agent)	42,653
Signature	<i>Lisa M. Hemmendinger</i>	Telephone	(202) 824-3000
		Date	January 29, 2004

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